

Interview information (DOD OVERLAY)

Date ____/____/____ Time: ____AM/PM Place____
Interviewer: Name____ Phone: _____

Case information
Name: Last _____ First _____ SSN _____ Case ID# _____

Contact information

(Information on this form is subject to the Privacy Act of 1974.)

Name	Service
Status Active Guard/Reserve Retired Family	Unit Name
SSN	Home Phone
FMP – Sponsor SSN	Work phone
Address	Cell phone
City	Other phone
Birth date	Email
Date of exposure	Duration of exposure
Place of exposure	Confirmation of exposure yes no dk
Were other persons who you can identify exposed at the same time you were?	

Household contacts of the contact. Include household-like contacts (nanny, neighbors or relatives who visit frequently, etc.)

Number	Name	Relationship	Birth date	Age (years)	Present (Y/N)
1					
2					
3					
4					
5					

For household members not present, how/when/where to contact them:

Name	Contact information (phone number, address)